



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 5th day of May and the 10th day of June 2022, by the Coroner's Court of the said State, constituted of Naomi Mary Kereru, Coroner, into the death of Myrtle Olive McCallum.

The said Court finds that Myrtle Olive McCallum aged 95 years, late of 147 St Bernards Road, Rostrevor, South Australia died at the Royal Adelaide Hospital, Port Road, Adelaide, South Australia on the 10th day of February 2020 as a result of acute left subdural haematoma complicating anticoagulant therapy for deep vein thrombosis. The said Court finds that the circumstances of her death were as follows:

1. Introduction and cause of death

- 1.1. Myrtle Olive McCallum was born on 13 July 1924 and died on 10 February 2020 at the Royal Adelaide Hospital (RAH). She was 95 years old.
- 1.2. A pathology review was conducted by Dr Iain McIntyre of Forensic Science South Australia. His suggested cause of death was '*acute left subdural haematoma, complicating anticoagulant therapy for deep vein thrombosis*'.¹ Dr McIntyre discussed his findings with forensic pathologist, Dr John Gilbert, who agreed with his conclusion.
- 1.3. I find that the cause of Mrs McCallum's death was acute left subdural haematoma, complicating anticoagulant therapy for deep vein thrombosis.

¹ Exhibit C2a

2. Reason for Inquest

- 2.1. Mrs McCallum was the subject of Level 1 Inpatient Treatment Order (ITO) under the Mental Health Act 2009 at the time it was thought she suffered a stroke. Her death is therefore a death in custody for which an inquest was mandatory.
- 2.2. In law this meant that Ms McCallum's death was a death in custody within the meaning of that expression in the Coroners Act 2003 and this inquest was held as required by section 21(1)(a) of that Act.
- 2.3. The reason for the imposition of the ITO will be detailed below.

3. Background

- 3.1. Mrs McCallum had two sons and one daughter with her late husband, Frederick. They married on 5 February 1949. Mrs McCallum also had several grandchildren, all with whom she enjoyed a close relationship.
- 3.2. Mrs McCallum and her late husband had been living together independently until his death in April 2017. Following her husband's death, Mrs McCallum moved into an independent living unit in September 2018. This was attached to the Magill Retirement Estate.

4. Mrs McCallum's medical history

- 4.1. In 2017 Mrs McCallum developed an ulcer on her leg. Despite regular visits from the Royal District Nursing Service employees to treat the ulcer, it failed to heal. At the insistence of her son, Mrs McCallum was referred to a dermatologist in which a biopsy was taken of the ulcer. The results showed that it was a basal cell carcinoma, or skin cancer, which required surgical removal.
- 4.2. As a result of an extended period of bed rest following the surgery, Mrs McCallum was unable to walk again, despite ongoing efforts of rehabilitation services. She was moved to the Milpara Nursing Home on 1 February 2018 from which time she was confined to a wheelchair. That move allowed for Mrs McCallum to be cared for more closely by nursing staff.
- 4.3. Despite Mrs McCallum's immobility, her mental health at that time remained excellent. She was reported to have enjoyed an active social life with her family and other residents, even taking up painting as a hobby. She was described as being sharp-witted with a good sense of humour.

- 4.4. Mrs McCallum had a number of pre-existing medical conditions which are summarised in the 'GP contribution to care plan'.² This was reviewed by general practitioner Dr Jane Nugent on 30 October 2019.
- 4.5. In terms of Mrs McCallum's health issues, they included congestive cardiac failure, hypertension, hypothyroidism and osteoarthritis. A discharge summary from 31 May 2019 of an earlier attendance of Mrs McCallum to the RAH, also listed deep venous thrombosis and hypercholesterolaemia as forming part of her past medical history.

5. Mrs McCallum's decline in health

- 5.1. On 31 January 2020, Mrs McCallum was taken to the RAH by ambulance. She was exhibiting shortness of breath, fever and painful swelling in her lower leg. Initially Mrs McCallum was suspected to have been suffering from cellulitis and pneumonia. She was prescribed antibiotics with a view to treating that initial suspected diagnosis.
- 5.2. It was also suspected due to her shortness of breath that Mrs McCallum might have been suffering from hospital-acquired pneumonia. Her breathlessness increased over a number of days and she was then suspected of having acute and chronic cardiac failure. Mrs McCallum's inability to lie flat meant that a CT scan could not be performed, however an ultrasound performed on 5 February 2020 revealed deep vein thrombosis.
- 5.3. Mrs McCallum was also suspected of suffering from a pulmonary embolus, a condition in which one or more of the arteries in the lungs become blocked by a blood clot. As a result of the deep vein thrombosis, Mrs McCallum was commenced on anticoagulant medication, namely enoxaparin.
- 5.4. At the time of her initial admission on 31 January 2020, Mrs McCallum had presented as lucid, cooperative and was agreeable to the necessary treatment. However, her condition gradually deteriorated and, by 6 February 2020, she became confused, agitated and uncooperative. She removed drips from her arms and indicated that she wished to leave the hospital and was no longer receptive to the nursing staff in the way that she had previously been.
- 5.5. In response to Mrs McCallum's confusion and agitation, a Level 1 ITO was made pursuant to section 21 of the Mental Health Act 2009 by Dr Alfred Chua at 9:49am on 6 February 2020. It was reviewed by senior psychiatrist, Dr Jonathon Symon, at 12:15pm the same day. Dr Symon agreed with Dr Chua's initial assessment that

² Exhibit C7

Mrs McCallum was suffering from delirium and that the ITO was required to administer essential treatment to her.

6. Circumstances of Mrs McCallum's death

- 6.1. Later in the day on 6 February 2020, Mrs McCallum lapsed into unconsciousness and a CT scan of her head was conducted at 5:21pm. It showed a large acute subdural haematoma with significant mass effect. There was no indication in any of the hospital notes that Mrs McCallum had suffered a head trauma that would account for the haematoma. As a result of the significant deterioration in Mrs McCallum's health, the ITO was revoked at 3:53pm the following day by Dr Paul Davis, the senior consulting psychiatrist at the RAH.
- 6.2. Medical staff consulted with Mrs McCallum's family following the results of the CT scan. With their approval, Mrs McCallum was palliated and made comfortable until she died three days later on 10 February 2020. Mrs McCallum was pronounced life extinct by Dr Isabella Simpson.

7. Conclusion and recommendations

- 7.1. Consistent with the conclusion of the investigating officer, Detective Brevet Sergeant Kaytlyn Ferguson in her report, it is my opinion that Mrs McCallum's care and treatment were appropriate.³ The circumstances surrounding her death were not suspicious.
- 7.2. I make no recommendations.

Key Words: Death in Custody; Inpatient Treatment Order; Natural Causes

In witness whereof the said Coroner has hereunto set and subscribed her hand and

Seal the 10th day of June, 2022.

Coroner

³ Exhibit C5